

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4)

Summary Sheet
FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMA	ATION					
1. Full Name of Committee (as on Statement of Organization)						
Warre Township Kopublican						
2. Acronym or Abbreyiated Name (If any)		mmillee Telephone Number				
	_ (3	5 17, 387 90	<u> </u>			
4. Mailing Address (address where all campaign finance correspondence is received)	Check if (his is a new address				
5. City, State, ZIP Code	R Day	ty Affiliation (if applicable)				
10 MLS 10 46734		epublican)			
CANDIDATE INFORMATION (For Candida	ate's Commit					
7. Full Name of Candidate (include any nickname)		ty Affiliation or if independe	nt Candidate			
		,				
9. Office Sought (Include district number, If any. Not required for exploratory committee	e.) 10. Co	ounty of Residence				
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY			
11. Check one;		Check one:				
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention			
Final/Distands Committee (lines 18, 19, and 20 must be 40) Outgoing Treasurer (within 10 days amend St	atement of Organization	on) Dost-Cor	ivenilon			
12. Reporting Perlod:		COLUMN A	COLUMN B			
From: 1-1-08 Through: 12-31-08		This Period	Year to Date			
13. Cash on hand and investments at the beginning of this reporting period.		311496				
14. Cash on hand and investments January 1, current year.			1			
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as cash contributions	s.)					
15a. Ilernized (use Schedule A)		846-	840			
15b. Unitemized		2753	2753			
16c. Add lines 15a and 15b in both columns	SUBTOTAL	3593	3593-			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	6707.96	6707.96			
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repayments.)						
17a. Ilemized (use Schedule B) (Public Question: use Schedule C)		4137.28	4137.28			
17b. Unitemized		501.92	561.92			
17c. Add lines 17a and 17b in both columns	SUBTOTAL	4699.20	4699.20			
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both column	s) TOTAL	2008.76	2008.76			
19. Debts OWED BY the committee (use Schedule D)		8-	,			
20. Debts OWED TO the committee (use Schedule E)		~2				
		<u> </u>				

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-18, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY



Stale Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INX all Information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (Street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
"MARK GENUNG BAYT INDY COURT	Contributions: Direct In-Kind (describe)			5/20/08
100PLS IN 46214	Other Receipts: Interest Loan Misc. (specify)	105	105-	8. Mahutu
Contributor's Occupation (If required)	Contributions:			
2802 W. MCCarty	Oirect In-Kind (describe)			5/20/08
INDPLS IN 46221	Other Receipts: Interest Loan Misc. (specify)	225	225	%. J. +
Contributor's Occupation (if required)				Wann
PAUL SPURLIN 6819 AZALEA DR	Contributions: Direct In-Kind (describe)			5/20/08
1NDPLS 1N 46214	Other Receipts: Interest Loan Misc. (specify)	135	135	
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (il required)	Contributions:		<u> </u>	
4 -	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
SUBTOTAL T	5465			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 465		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheel. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)	1,00		
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
·	Olher Receipts: Interest Loan Misc. (specify)			
4	Contributions: Direct In-Kind (describe)			
	Olher Receipts: Inlerest Loan Misc. (spediy)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
		\$		
	HEDULE A ON THE LAST PAGE ONLY	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE, Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as toan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page	of _		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Recelpta: Interest Loan Misc. (specify)		_	
2	Contributions: Direct In-Kind (describe)	NON	JE	
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			~
	Other Receipla: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Olher Receipta: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (desoribe)			
	Other Receipts: Interest Loan Miso. (specify)			
	THIS PAGE OF SCHEDULE A	S		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contribution, within a catendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of	_		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (Street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
HINKLE FOR HOUSE 7050 CAMELOT CT INDPLS IN 46214	Contributions: Direct In-Kind (describe) Other Receipts: Loan Misc. (specify)	140-	140-	5/20/08 R. D.
YOUNG FOR STATE SENATE 3520 BEELER INDPLS IN 46224	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	235	235	5/20/08 M. J. J.
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	,		
5	Contributions: Direct In-Kind (describe) Other Receipts: Inlerest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$375-		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$ 375-		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-6-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be ilemized on this schedule (over \$200, if regular party committee). All transfers in end in-kind contributions regardless of amount from candidate's, legistative caucus, and regular party committees MUST be ilemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebetes, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
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Page		of		

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION		COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions:	TEMOD	TEAR-TO-BATE	
	☐ Direct ☐ In-Kind (describe)			
	L] IIPKIIN (OBSCHOB)			
	Other Receipts:	i .		
	Interest Loan			
	Misc. (spedily)			
2	Contributions:	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
_	Direct			
	n-Kind (describe)	6		
	Other Receipte:	1 / / / /		
	Interest Loan	$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$,	
	Misc. (apacify)			
		1		
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts:		Ī	
	Miac. (specify)		1	
4	Contributions:			
	☐ Direct☐ In-Kind (describe)			
	In raild (describe)			
	Other Receipts:		<u> </u>	
	☐ Interest ☐ Loan ☐ Misc. (specify)	İ		
	T MISS (Showly)		1	
6.	Contributions:			
	Direct	ł		
	In-Kind (describe)			
	Olher Receipte:		-	
	☐ Interest ☐ Loan	1		
	Misc. (specify)	1		
		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	UUME	ER	
		_		
Page _	1	_ of		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Washer Township GOP Chyb		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	500-	500-	1/31/08
ROCKVILLE RO INDPLS IN		Direct In-Kind Payment of Debt Returned Contribution Other Puppose:		74456 R	5/16/08
CRAWFORDSVILLE RD		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: FOR FOOD FUUNCA	1713	171360	5/16/08
5545 MARUETTE WARVETTE		Payment of Oebt Returned Contribution Other Purpose: FOOD FOR ELE	1000	1000	11/4/08
5101 W. WASHINGTO 101 W. WASHINGTO	Sr Sr	Profrect In-Kind Payment of Debt Returned Contribution Other Purpose:	179 13	179 12	7/28/00
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t	LAST PAGE ONLY	54137 ²⁸ 54137 ²⁸		



State Form 4608 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all Information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

	FILE	E NUMBER	
		_	
,	Page _		of

	PUBLIC QUESTIC	N INFORMATION			
Enter Text of Public Question					
Type of Question: Statewide	7				
Position: Supported Opported	Local				
Control. Gapported Coppe		TYPE OF EXPENDITURE	COLUMN A	COLUMN E	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		☐ Direct ☐ In-Kind			,
		Payment of Debt			
		Returned Contribution			
		Purpose:			
Code		Olrect In-Kind			· · · · · · · · · · · · · · · · · · ·
	() '	Payment of Debt			
\\\\\		Returned Contribution Other			
		Purpose:			
	···				
Code		☐ Direct ☐ tn-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			ļ
_	******	45			
Code		Direct In-Kind			ł
		Payment of Debt Returned Contribution			ļ
		Other			
		Purpose:	j		
Code		☐ Direct ☐ In-Kind			
		Payment of Debi		Ì	
		Returned Contribution			
		Purpose:			1
Code		☐ Direct ☐ In-Kind			
		Payment of Debt			
		Returned Contribution			
		Purpose:			
	SUBTOTAL THIS PAGE	E OF SCHEDULE C	\$		
TOTAL OF ALL PAG	ES OF SCHEDULE C ON THE (Enter total on ITEM 17a of the		S		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend Institutions, Individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER				
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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	FNDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
LENDER'S OCCUPATION:	/				
LENDERS OCCUPATION	101				
LENDER'S OCCUPATION:		1			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
	_				
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
	TOTAL OF ALL F	SUBTOTAL PAGES OF SCHEDULE (Enter total on IT.	THIS PAGE OF D ON THE LAS EM 19 of the Su	T PAGE ONLY	\$



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER				
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Page	of			

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
	,				
	19	V 374			
·					
		13			******
				~	
-		W-12			
SUBTOTAL THIS PAGE OF SCHEDULE E					\$
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheat)					\$